The Special Attention of Physicians i	is Respectfully Invited to the l	Remarks below, and to I	ist of Diseases on Back of	this Certificate.
000	Department!		20 4 .	
9 11	C & Man	The same of the sa	0	ish
	Office of Registra			1 4
The Physician who attended any to the Undertaker or other person su requested so to do, under penalty of l No Permit	y person in a last hand, is respondent and a second aw. FOR BURIAL CAN BE OBTAIN	MI ONE EN TO		ed, or sooner, if
CER	TIFICATE	OF DE	CATH.	20
Date of Death,	1	1887	. 0	
		ary Lou	isa Spi	miliham
Sex, Male or Female, Cross of required	d in this line.	9		
Age, 76	Years,	Months,		Days
Color, In frile	_		, /	
Married, Single, Widow or	Widower, Cross out the wo	ords not }	1/	
Occupation, Live	di at he	to the		
Birth Place, {State or country, and long in the United St if of foreign birth.	how ates,	Go. m	anglane	d.
Duration of Residence in t	the City of Baltimore,	Fife	gears	
Place of Death, Give Street and Number.		ik Shh	elt-	
Cause of Death, {	nary), Trayer nmediate), Jan	og rene	, , , , , , , , , , , , , , , , , , , ,	
Duration of Last Sickness All the above information should be		month	5,	
Place of Burial, ME	Emelery			
Date of Burial, Ju		Alice S.	Parkhur	e/- M. D.

Place of Business, 301 h Be

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty or hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as an be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause death.

[OVER.]

Bealth Department, City of Baltimore.
Permit No. 142 Office of Registra of Winet Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the present tion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four kears after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }
Sex, Male or Female, {Cross out the word not }
Age, 25 Years, Months, Days
Color, Whice
Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 85-3 22 Howard 4.
First (Primary), Phthisses
Cause of Death, Second (Immediate), Phillipsi
Duration of Last Sickness, Two Jean
Place of Burial, So Teles Com
Date of Burial, June 3rd 1887 m Rungan M.D.
(Undertaker, Stewert & Morven Medical Attendant.
Place of Business, 215 72 17 Parkaves ddress, 315- W. Junious - LB.
Extract from Regulations of the Board of Health to see fre a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physician	s is Respectfully Invited to th	e Remarks below, and to	List of Diseases on back of	this Certificate.
Health	Departmen	- With of	Baltimore	· ~ #
	Office of Registr			
The Physician who attended to the Undertaker or other person requested so to do, under penalty of No Person	any person in a last illness, is superintending the burial, wit f law. IT FOR BURIAL CAN BE			sed, or sooner, i
	TIFICATI	,		X
Date of Death,	fen	prem 1 h	1887	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	armie 16.	Through	
Sex, Male or Female, {Cro	ss out the word not uired in this line.	······	-	
Age, 85				Days.
Color,	Mils		11	
Color, Married, Single, Widow o	or Widower, {Cross out the required in the	words not }	1/	
Occupation,	Hon			
Birth Place, {State or country, a long in the United if of foreign birth.	nd how States,	ermany	^	
Duration of Residence in	i the City of Battime		Ozran	
$Place \ of \ Death, \{^{ ext{Give Street a}}_{ ext{Number.}}$	nd} 1007	aisquitt	t	
Cause of Death, \	rimary),	" OCa	I aga	
Duration of Last Sickne				
Place of Burial, Mely	See coner long	·		
Date of Burial, Sun	2 1887	11	0	
(Undertaker, Linn,	1 Cook of	Jun	Medical Attends	M. D.
Place of Business, 16	23 Heatr we	Address, 193	7 E. Wrines	wat ft.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

The Special Attention of Physicians	is Respectfully Invited to the	Remarks below, and to I	ist of Diseases on back of t	his Certificate.
Health	Department,	City of	Baltimore.	14th
The Physician who attended a to the Undertaker or other person s	ny person in a last ill ess, is re superintending the burgal, with	sp onso le f 0 the pas nt in <i>twenty-four hours</i> after		urately filled out,
CER	TIFICATE	OF D	EATH.	حن
Date of Death,	June 22	100/	0-11	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	lary /a	. Valles	1
Sex, Male or Female, Cros		Hen	rale	.
Age, 83	Years,		s,	Days.
Color,	Ithe	to	1	
Married, Single, Widow o	r Widower, Cross out the w	ords not }	dow	
Occupation,	House	wife	001	
Birth Place, State or country, an long in the United if of foreign birth.		5.	let C. Mus	(Kives)
Duration of Residence in	the City of Baltimor	re, 20	jears	0
Place of Death, Give Street at Number.	1837	St. Vos	ubaid	71.
Cause of Death, {	imary),	ility		
Duration of Last Sicknes	furnished by the Physician.	eral hi	on This	
Place of Burial, Butto	more Cemeling	1		
Date of Burial, June	41 18871	James	Asternal	MD
(Undertaker, John	9. Vaulus	1	11/1	. D.
Place of Business, The	ederick Clue.	Address, Com.	/ Health Y	Cognitive

Section 2.* And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Atternal of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certification
Bealth Department, City of Baltimore.
Permit No. 145 Office of Registration Of Print Statistics. Ward 13
The Physician who attended any person in a last illness a sponsible for the presentation of this Certificate, accurately filled on to the Undertaker or other person superintending the burian, thin twenty-four hours all as the death of said deceased, or sooner,
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE DE ATH.
Date of Death,
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Whalf hours Day
Color,
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } // 0 /3ry
Cause of Death, { First (Primary), Second (Immediate) Cent Culcul
Duration of Last Sickness, 2/2 holy. All the above information should be furnished by the Physician.
Place of Burial, St Paters // // //
Date of Burial June 22/88) Q . L. Clean M. I
(Undertaker, M. Gogan E. Medical Attendant.
Place of Business, 227 Malarry 3000, 19 JM Jombany
Extract from Regulations of the Boar of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further ensuted and ordained, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far at the same can be ascertained, the full manne, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER

The Special Attention of Physicians	is Respectfully Invited to the Re	emarks below, and t	to List of Diseases on back of th	his Certificate.
Bealth	Department,	- CONTRACTOR OF THE PARTY OF TH		11
Permit No.	Office of Registry	DEPARTIES !	Statisties. Wart,	13 "
The Physician who attended as to the Undertaker or other person's requested so to do, under penalty of No Permi	ny person in a las lands, is ten superintending the bursal, with in law. IT FOR BURIAL CAN BE OBTAIN	STATE THAT	8	iralely filled out,
CER	TIFICATE	OFI	EATH.	
Date of Death,	md 1st 180	7		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	abit.	lo Morton	
Sex, Male or Female, Trequi				
Age,	Years 1	Mon	ths,	Days.
Color, White			/	
Married, Single, Widow of	Widower, {Cross out the word required in this lin	is not }	1/	
Occupation,	222 11		V	
Birth Place, State or country, and long in the United State of foreign birth.	States, }	nere		
Duration of Residence in	/ A / //			
Place of Death, Give Street and Number.	d) 526 //	Tes	uglon	
$\it Cause of Death, egin{cases} { m First (Prison of Second (I))} \ { m Second (I)} \ \end{array}$	mary), Mening	din	Frelevere.	
Duration of Last Sicknes All the above information should be f		14		
Place of Burial, New	Pulhedial	- 1		
Date of Burial, June	3-1 1887	tons		
J Undertaker, Jas &	Byrne		Medical Attendant	M. D.
Place of Business, 30	2 N Eny St Ad	dress, 7/1	M Colver	47

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department City of Baltimore.
Permit No. 147 Office of Beatstrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, in repossible for the presentation of this Certificate, accurately like to the Undertaker or other person superintending the burial, which twenty-fact clears after the death of said deceased, or somer, in requested so to do, under penalty of law. No Permit for Burial Canada Of the Without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Inne 2 - 8/
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Days.
Color, Who
Married, Single, Widow or Widower, [Cross out the words not]
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Second (Immediate), Second (Immediate)
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Holy Hoderner H
Date of Burial, (Duce 8 1859)
(Undertaker, White of XP) Medical Attendance.
Place of Business, 1923 Mandadress Sell Internation
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the daily of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to farnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate
Bealth Department, City of Baltimore.
Permit No. 148 Office of Registrar MR Dorect Statistics. Ward 20
The Physician who attended any person in a last Places is a prosible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the buled, within twenty-four hours often the death of said deceased, or sooner, i requested so to do, under penalty of law. No. Permit for Buriaiacan be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Source 1"/84
Full Name of Deceased, Write legibly and spell or received from the names of parents. Sex. Male & Female. Cross out the word not }
Sex, Male & Female, {Cross out the word not }
Age, // Years, Months, Days
Age, // Years, Months, Days, Color, Black
Married, Single, Willow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, (Give Street and) # 113 H William ally
Cause of Death Stirst (Primary), Cuteric Fever
Cause of Death, Second (Immediate), Thaustion
Duration of Last Sickness, 375EK
Place of Burial, Laurel Cornelis 1
Date of Burial, June 3 Pros Strus S. Hicky
(Undertaker, Wollang Medical Attendant,
Place of Business 4/ howard Address, liffle are for Desert
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

[over.]

Place of Burial,

Date of Burial,

(Undertaker, L.

Place of Business, 5 6

Days

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause OVER. and date of death.

the special attention of Physicians is Kespectfully Invited to the Kemarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 150 Office of Registras de Plant Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the present an of this Certificate, accurately filled out, to the Undertaker or other person superintending the barial, within the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, fine 2 mm
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sea, Made of Pentago, (required in this line.)
Age, Years, Months, Days.
Color, Anc
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how }.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, { First (Primary), Second (Immediate), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, The Burial of Buria
Date of Burial, Jung 3
(Undertaker. B. Medical Attendant.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.